

Utah State Hospital Security Department Policies and Procedures

The manual of the Utah State Hospital Security Department is hereby established and shall hereafter be referred to as the "Department Manual." It is, and shall be, a composite of current policies, procedures, and rules pertaining to the effective operation of the Utah State Hospital Security Department.

A copy of these rules and regulations shall be given to each employee of the Security Department, and it shall be the duty of each security employee to become familiar with the contents thereof. Manuals shall remain the property of the Utah State Hospital Security Department and shall be returned by the employee upon separation of employment.

These rules and regulations cannot, nor are they expected to provide a solution to every question or problem which may arise in an organization designed and established to render an emergency service. It is expected, however, that they will be sufficiently comprehensive to cover, either in a specific or a general way, the privileges, obligations, and duties of the Utah State Hospital Security Department. They are not designed nor intended to limit any employee in the exercise of his or her judgment or initiative in taking the action a responsible person would take in extraordinary situations which are bound to arise in the performance of duty as a member of the Utah State Hospital Security Department, operating within the values established by the hospital.

GUIDELINES ARE FOR DEPARTMENTAL USE ONLY

These guidelines are for departmental use only and do not apply in any criminal or civil proceeding. The department policy should not be construed as a creation of a higher legal standard of safety or care in evidentiary sense with respect to third party claims. Violations of this manual will only form the basis for departmental administrative sanctions.

AMENDMENTS TO THE MANUAL

All amendments to the manual shall be made subject to the approval of the Chief of Security and USH Administration.

MANUAL INSPECTION

Manuals may be inspected at any time by an employee's supervisor in order to determine if the manual is being properly maintained. Utah State Hospital Security Department Mission Statement

The Utah State Hospital Security Department insures a safe and secure environment in which hospital employees can provide and hospital patients can receive excellent inpatient psychiatric care.

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**Utah State Hospital Security Department
Scope of Service**

The Utah State Hospital Security Department protects the welfare and interests of all hospital staff, patients, and visitors through providing needed assistance, crisis intervention, incident investigation, law enforcement, and when necessary, security detention.

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**Utah State Hospital Security Department
Chain of Command**

The Chief of Utah State Hospital security is responsible for all activities of the Security Department under the direction of the Assistant Superintendent and Superintendent or their designee(s). The chief is also responsible to ensure that all security officers receive POST training.

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**Utah State Hospital Security Department
Code of Conduct**

Policy

All officers will conduct themselves in compliance with the Division of Mental Health's Code of Conduct, the Utah State Hospital's Code of Conduct, and the USH Security Department's Code of Conduct.

Procedure

1. CONFORMITY TO RULES AND REGULATIONS
 - 1.1 It shall be the duty of every security officer of this department to thoroughly familiarize themselves with the provisions of any written manual and the personnel rules of the Utah State Hospital Security Department and the Utah State Hospital. They shall conform and abide by all rules and regulations, observe the law and ordinances, and render their services to the Utah State Hospital with enthusiasm, courage, discretion, and loyalty befitting a professional enforcement organization.
2. SUBMITTING EMPLOYEE SUGGESTIONS
 - 2.1 Security officers may, at any time, offer suggestions through the proper chain of command. The procedure is to submit their suggestions in written form to their immediate supervisor for forwarding through the chain of command.
3. EFFICIENCY
 - 3.1 In carrying out the functions of the department, security officers shall direct and coordinate their efforts in such a manner as to establish and maintain the highest standards of efficiency and harmony between each other and all associated agencies and departments of the hospital.
4. PERFORMANCE OF DUTY
 - 4.1 Any member of the security department who displays reluctance to perform officially assigned duties or whose actions bring discredit upon themselves or the department or who fails in the performance of his/her duties may be considered insubordinate or unfit for duty.
5. HOURS OF DUTY
 - 5.1 Members of the security department shall have regular hours assigned for them for active duty each day, and when not so engaged, will be considered "off duty." They shall, however, always be subject to active duty if needed. The fact that they may be technically off duty shall not be held as relieving them from the responsibility of taking positive action relative to their obligations as employees of the Utah State Hospital Security Department.
6. PUNCTUALITY
 - 6.1 Members of the security department shall be punctual in reporting for duty at the time and place designated by their immediate supervisor. Repeated failure to report promptly at the time directed shall be deemed neglect of duty and will result in disciplinary action.

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No employee shall go off duty before the change of shifts, or until properly relieved.

7. ABSENCE WITHOUT PROPER LEAVE

7.1 No member of the security department shall be absent from duty without proper leave or be absent from duty without permission, except when unable to report for duty at the prescribed time because of sickness, injury to him/herself, or grave emergency at which time the department will be notified as soon as possible.

8. POSITIVE PERSONAL CONTACTS

- 8.1 Hospital cooperation and support can best be generated through satisfactory hospital employee and public contacts. Security officers shall be responsive to the needs of the hospital's employees and public by rendering prompt and courteous service, and consistently conducting themselves in a manner that encourages public respect.
- 8.2 Security officers shall treat witnesses, suspects, arrested persons, or other contacts with appropriate respect. Personal prejudices or attitudes which may influence impartiality shall be suppressed.
- 8.3 Security officers shall be respectful, courteous, and civil with hospital patients and employees, and the public, and shall not use coarse, profane, or insolent language or behave in an insubordinate manner toward any patients, employees, or others with whom they have official dealings.
- 8.4 No security officer shall be party to any malicious gossip, report, or activity which would tend to disrupt department morale or bring discredit to the department, the hospital, or an employee. Threats, violence, or other forms of abuse, coercion, or duress against any patient or employee by another shall be cause for disciplinary action.

9. TELEPHONE COURTESY

9.1 Much of the security department's business is conducted by telephone. Security officers shall maintain courteous and professional telephone demeanor whether dealing with the hospital employees, the public, or with other agencies.

10. FALSE INFORMATION IN RECORDS

10.1 No security officer shall make false reports or knowingly or willfully enter or cause to be entered into any department books, records, or reports any inaccurate, false, or improper information.

11. PERSONAL APPEARANCE

- 11.1 It shall be the duty of all security officers to use good personal hygiene.
- 11.2 Personnel are not allowed to perform their duties with an unkept, dirty, shoddy, or disheveled appearance. The following shall be a guideline for an acceptable security officer appearance.
- 11.2.1 Hair--a male security officer shall keep his hair neatly cut, not excessive in length. The hair may fall in the back to a

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point just above, but not touching, the collar. A female security officer shall keep her hair neatly cut and well groomed. The length and fullness of the hair of either gender shall not interfere with their duties.

11.2.2 Sideburns--shall not extend below the bottom of the ear lobe and shall end in a clean-shaven, horizontal line.

11.2.3 Mustaches and Goatees--worn by security officers shall be well kept when reporting for duty. A short and neatly trimmed mustache or goatee of natural color may be worn. Full, and bushy styles are not acceptable.

11.2.4 Beard--shall not be displayed by security officers of this department except on the approval of the chief of security. Male personnel are expected to be clean-shaven at all times while on duty.

11.2.5 Make-up--shall be in good taste. Female security officers shall not use make-up which lends itself to an excessively gaudy appearance or use odorous perfumes.

11.2.6 Fingernails--shall be kept neat and trimmed at a length that won't interfere with their duties. Female personnel may wear fingernail polish. If fingernail polish is used, it must be in good taste and in colors compatible with their attire.

11.2.7 Shoes--leather/metal shoes shall be polished and maintained at all times.

11.2.8 Clothing--the uniform will be taken and professionally cleaned weekly and returned to the officer.

11.2.9 Earrings--male officers are not allowed to wear earrings. Female officers are only allowed to wear studded earrings.

11.2.10 Plain clothes detail--all security officers assigned to plain clothes details will be dressed neatly and in good taste in keeping with the standards established by the Chief of Security and the requirements of the officer's specific assignments.

11.2.11 Uniforms--when wearing the security uniform, it will be complete. All officers are required to wear their full uniform while on duty.

11.2.12 Exceptions--any exceptions to the above must be approved by the Security Chief.

12. RESPONSIBILITY FOR DEPARTMENTAL ISSUED PROPERTY

12.1 Each security officer shall be personally responsible for any items issued to him or her by the department.

12.2 Security officers shall not permit any person to borrow or use the items of identification issued to him or her by this department. Loss of any of these items shall be immediately reported to their supervisor in a written report or e-mail describing the circumstances leading to such a loss. Each security officer shall be personally responsible for the loss of property.

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13. MISAPPROPRIATION OF PROPERTY
 - 13.1 Security officers shall not destroy, loan, sell, give away, or appropriate to their own use any lost, found, stolen, or recovered property of any kind.
14. COURT ATTENDANCE
 - 14.1 All security officers of this department involved in cases before a court of law are to be punctual in attendance. The officer shall be dressed in full uniform, or, if appropriate, in civilian clothes with business-like appearance.
 - 14.2 Security officers shall have the cases in which they are involved properly prepared and all property which is to be used as evidence shall be suitably arranged for presentation in court.
15. RECOMMENDING LAWYER OR BONDSMEN
 - 15.1 No security officer shall recommend to anyone the employment or name of any person, firm, or corporation as attorney, counsel, or bondsmen, except that nothing herein shall be construed as restricting the rights of employees of this department in connection with administrations of their private affairs. Persons requesting a recommendation shall be courteously directed to a public source of information.
16. ACTING AS BAILOR
 - 16.1 Security officers of this department shall not act as bailors for any person in custody, except relatives, and even in such circumstances, no fee, gratuity, or reward shall be solicited or accepted.
17. INSTITUTING CIVIL ACTION
 - 17.1 Security officers shall not institute any civil action arising out of their official duties without first notifying the Chief of Security.
18. NOTICE OF LAW SUITS ARISING OUT OF LINE-OF-DUTY INCIDENTS
 - 18.1 Immediately upon receiving any claim against the Security Department or a lawsuit against the hospital or security officer, the officer receiving the claim or lawsuit delivers all documents received to the Chief of Security together with a description of the manner in which the documents were received.
 - 18.2 The original claim is given to the Legal Services Manager who then arranges legal representation with the Attorney General's Office.
 - 18.3 Any security officer receiving written notice threatening legal action or claiming damages immediately notifies the Chief of Security.
19. VEHICLE DRIVER'S LICENSE
 - 19.1 All security officers maintain a current, valid Utah driver's license.
20. USE OF SAFETY EQUIPMENT
 - 20.1 All security personnel, while department vehicles are in motion, will properly use the seat belts and safety equipment provided.
21. ACCIDENTS INVOLVING DEPARTMENT OR PERSONNEL OR VEHICLES

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- 21.1 Security officers of the department promptly notify their immediate supervisor of any accident with a department vehicle operated by them or in their charge. They will complete a Vehicle Accident Report that the immediate supervisor shall investigate, and then turns the proper paperwork into the Fleet service manager. An independent agency can be requested to conduct an investigation when any security vehicle is involved in an accident.
 - 21.2 A supervisor shall investigate the cause of the accident and if negligence or violation of the law or the rules and regulations is evident on the part of the security officer, the supervisor will take appropriate personnel action.
- 22. **USE OF DEPARTMENTAL TELEPHONES**
 - 22.1 The telephones provided by the hospital for the department are for use in conducting department business. The use of these telephones during business hours for personal calls shall be kept to a minimum. Toll calls of a personal nature shall not be made on hospital or department telephones except in extreme emergencies and, whenever possible, with prior approval of a supervisor.
- 23. **TRAINING**
 - 23.1 An officer is required to complete a minimum of 40 hours of Peace Officer training each year. It is the officer's personal responsibility to complete inservice training necessary to maintain certification. In addition, officers will be responsible for completing all mandatory training required by the hospital.
 - 23.2 All training must be scheduled and approved by the Chief of Security.
 - 23.3 Security officers may also be asked to assist in various training classes as instructors (i.e. SIT).
- 24. **UNIFORMS**
 - 24.1 Each security officer of the USH Security Department will be held personally responsible for all equipment, materials, and supplies issued to him/her. Officers will be required to maintain such equipment and supplies in good condition at all times.
- 25. **VEHICLE SAFETY AND SECURITY**
 - 25.1 All USH Security vehicles will carry safety and security equipment for officers to use in the performance of their duties.
 - 25.2 Vehicles safety and security equipment will include:
 - 25.2.1 USH or state insignia
 - 25.2.2 Emergency lights
 - 25.2.3 Two-way radio
 - 25.2.4 Fire extinguisher
 - 25.2.5 Jumper cables
 - 25.2.6 Weapons lock box

Utah State Hospital Security Department Officer Duties and Responsibilities

Procedure

1. Scheduled Shift Duties: While on shift, Security Officers will:
 - 1.1 Attend change of shift with officers going off duty.
 - 1.2 Conduct walk-throughs of all units.
 - 1.3 Patrol campus (in vehicle or on foot).
 - 1.4 Maintain a running shift log.
 - 1.5 Attend change of shift with relief.
 - 1.6 Check with and communicate with SSRN
 - 1.7 Secure facilities

2. Unscheduled Shift Duties: In addition to the scheduled duties listed above, USH officers may be called upon to assist, provide, or take the following actions:
 - 2.1 Assist USH staff with unruly or disruptive patients, visitor, and/or staff.
 - 2.2 Provide security for new patients.
 - 2.3 Emergency searches.
 - 2.4 Public trespassing.
 - 2.5 Patient AWOLs.
 - 2.6 Investigations.
 - 2.7 Incident reports.
 - 2.7.1 Field Interview reports.
 - 2.7.2 Call for service reports.
 - 2.8 Criminal reports.
 - 2.9 Vehicle accident reports.
 - 2.10 Staff training.
 - 2.11 Emergency procedures.
 - 2.12 Arrests and detention.
 - 2.13 Transporting donated clothing.
 - 2.14 Ensure security vehicles are filled with gas.
 - 2.15 Other duties as assigned.

Utah State Hospital Security Department Uniform Policy

Policy

All officers upon hire will receive a required uniform for use while on duty.

Procedure

1. Upon hire, each security officer receives the following standard issued uniform and equipment:
 - 1.1 One pair of black boots or shoes,
 - 1.2 Pants from the designated company supplying the uniforms,
 - 1.3 Shirts from the designated company supplying the uniforms,
 - 1.4 One coat,
 - 1.5 One badge,
 - 1.6 One set of handcuffs, and
 - 1.7 One Duty Belt System (safari leather), which includes:
 - 1.7.1 Sam Brown belt,
 - 1.7.2 Inner belt,
 - 1.7.3 Four keepers,
 - 1.7.4 Single handcuff case,
 - 1.7.5 One glove pouch,
 - 1.7.6 One flashlight holder,
 - 1.7.7 One key holder.
2. Any equipment an officer wants to use that is not listed on the standard issue list must be approved by the Security Chief.
3. Lost or stolen articles may be replaced upon approval of the Security Chief.
4. Upon termination of employment at USH, all hospital-issued equipment and uniforms are returned to the Security Chief.

Utah State Hospital Security Department Unit Walk Throughs

Policy

It is the policy of the USH Security Department to support and assist unit staff in the performance of their duties. Conducting unit walk throughs is one way of implementing this policy.

Procedure

1. USH Security Officers will conduct unit walk throughs as follows.
 - 1.1 Officers are required to conduct random walk throughs of all housing units each shift. More walk throughs may be done as time allows.
 - 1.2 Each walk through will be documented in the shift log, identifying when the walk throughs were started, and if any problems were identified or any assistance was given.
 - 1.3 During the walk through, the officer will contact the nurse on shift or designee on each unit to:
 - 1.3.1 inquire into any problems the shift may be having; and
 - 1.3.2 offer assistance, if possible.
 - 1.4 If, during the walk throughs, the officer assisted in an incident involving staff, patients, volunteers, or visitors, a USH security incident report will be filled out before the end of the shift.
 - 1.5 If, during the walk throughs, problems are noticed on or around the unit, the problems will be noted in the shift log and the unit staff will be notified of the problem in a professional manner. If the problem can be taken care of at that point, the officer will do so.

Utah State Hospital Security Department Campus Patrols

Policy

It is the policy of the USH Security Department to be as visible as possible on the hospital campus and insure the safety of those individuals on the campus. To accomplish these goals, officers are required to patrol the USH campus.

Procedure

1. Campus patrols will be conducted as follows:
 - 1.1 patrols of the USH campus will be done randomly a minimum of three to four times per shift;
 - 1.2. each patrol will be documented in the shift log, identifying when the patrol started, and if any unusually activity or incident occurred;
 - 1.3. if two officers are on duty, patrols will be done by both officers individually;
 - 1.4. if one officer is on duty, the patrol will be done by vehicle. The officer will leave the vehicle, if necessary, to investigate any suspicious activity or campus deficiency (i.e., lights out, doors unlocked, windows broken, etc.) they will also leave the vehicle to respond to any call of assistance on the units;
 - 1.5. deficiencies or suspicions will be noted in the shift log and, if necessary, reported to the SSRN or on-call administrator. In the case of deficiencies, an e-mail will be forwarded to the proper department (units, housekeeping, maintenance, etc.). and will explain the problem. If possible, the officer will correct the deficiency.
2. Officers on patrol will:
 - 2.1 secure all USH buildings (including the heating plant, warehouse, garage, Excel house, day care, patient housing units, administration building, and castle);
 - 2.2 check the perimeter fence;
 - 2.3 survey the grounds for any suspicious activity or individuals;
 - 2.4 patrol all roads and parking lots;
 - 2.5 when possible, render assistance as needed to staff, patients, volunteers, and visitors.

Utah State Hospital Security Department ADT/New Patients

Policy

The USH security unit provides security for ADT staff and new patients who arrive for commitment, evaluation, etc. at the USH.

Procedure

1. When new patients arrive with ADT, the ADT staff will notify the officer(s) on duty.
2. Unless otherwise involved in an emergency, upon notification, the officer(s) will go to the ADT office to:
 - 2.1 provide support for staff and patients during the admissions process;
 - 2.2 if necessary, intervene in any disruptive or violent behavior or acting out; and
 - 2.3 assist in transporting the new patient to the appropriate housing facility.
3. Restraints will only be used if the patient's behavior is a danger to him/herself or others, and transporting the patient would be a danger to the patient or others.

Utah State Hospital Security Department STAT Calls

Policy

Utah State Hospital security officers respond to STAT calls in a manner that is appropriate to the level of the situation.

Procedure

1. STAT calls are considered to be emergency situations and the officer responds immediately in a safe manner. A Stat call could be defined as "there is a situation that has turned physical or a potential for a physical altercation."
 - 1.1 Because of the nature of the call, if there are patients, staff or the public on grounds and visible, an officer can respond Code 3 (lights and sirens).
 - 1.2 When an officer responds to a stat call on a unit, he/she is there to assist the unit in resolving the problem/issue.
 - 1.3 The officer responding must check in with the RN on duty and get instructions from him/her. Unless there is an obvious physical altercation in progress.
 - 1.4 Once an officer receives instructions from the RN, it is the officer's responsibility to utilize his/her training and skills to follow through.
 - 1.5 If needed, the officer may request the assistance of the unit staff.
2. CALL FOR ASSIST are calls that are not emergency situations dealing with patients. They are situations that the officer must prioritize, if there is more than one call at a time.
 - 2.1 When an officer responds to an assist call on the unit, he/she is there to assist the unit in resolving the problem/situation.
 - 2.2 The officer responding must check in with the RN on duty and get instructions from him/her.
 - 2.3 Once an officer receives instructions from the RN, it is the officer's responsibility to utilize his/her training and skills to follow through.
 - 2.4 If needed, the officer may request the assistance of the unit staff.
3. CALL FOR SERVICE are calls that are non-patient related. Examples: Unlocking doors, animal control, etc.

Utah State Hospital Security Department Controlling Public Access to Hospital Property (Grounds and Facilities)

Policy

The USH Security Department will control public access to the hospital's grounds and facilities in accordance with USH Policy and Procedures and State Statute. This is done to insure the safety and security of hospital staff, patients, and visitors, as well as to maintain patient confidentiality.

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Definitions

Loitering: 1. To stand idly about. 2. To proceed slowly or with frequent stops.

Trespassing: 1. Any person who, without permission, enters any of the buildings or enclosures appropriated to the use of patients, or makes any attempt to do so, or enters anywhere upon the premises belonging to or used by the division, a local mental health authority, or the state hospital and commits, or attempts to commit, any trespass or depredation thereon, or any person who, either from within or without the enclosures, willfully annoys or disturbs the peace or quiet of the premises or of any patient therein, is guilty of a class B misdemeanor. (UCA 62A-12-224)

Procedure

1. Persons found to be loitering or trespassing or otherwise on hospital property without proper authorization:
 - 1.1 will be asked to leave the property immediately;
 - 1.2 may be escorted from property by the security officer.
 - 1.3 If necessary and as a last resort, reasonable force (see continuum of force) may be used to control or escort the trespasser off property.
 - 1.4 If necessary, the person may be arrested.
 - 1.5 Provo City Police can be called for backup if in the officer(s) opinion, feel that this would be appropriate to control the situation.

Utah State Hospital Security Department Radio Operation

Policy

Hand-held radios will be used by USH security officers while on duty to facilitate communications with others.

Procedure

1. Officers will carry a hospital-issued, hand-held radio while on duty.
2. Radios are to be operated for official hospital business only.
3. When operating the radio, the following rules apply:
 - 3.1 Decide what you are going to say before you pick up the microphone.
 - 3.2 Listen briefly to make sure no one is using the channel.
 - 3.3 If the channel is being used for emergency messages, delay your non-emergency communications.
 - 3.4 Always use your state call number (i.e., KOA 610) when using the state radio system.
 - 3.5 Keep transmissions short and simple.
 - 3.6 Speak clearly, concisely, and in a normal voice.
 - 3.7 Do not use profanity and jargon.
 - 3.8 Remember that we are sharing radio frequencies and equipment between many agencies, so courtesy is vital.
 - 3.9 Do not break into a broadcast or conversation unless your interruption is important.
 - 3.10 Learn and use the 10-code whenever possible. It is designed to make radio traffic more concise.
 - 3.11 Learn and use the phonetic alphabet where appropriate.
4. Ten (10) Code

10-0	Use Caution
10-1	Signal Weak
10-2	Signal Good
10-3	Stop Transmitting
10-4	Affirmative (OK)
10-5	Relay (To)
10-6	Busy Unless Urgent
10-7	Out of Service
10-8	In Service
10-9	Say Again (Repeat)
10-10	Negative
10-11	On Duty
10-12	Stand By (Stop)
10-13	Existing Conditions
10-14	Message/Information
10-15	Message Delivered
10-16	Reply to Message
10-17	En route

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10-18	Urgent (Quickly)
10-19	(In) Contact
10-20	Location
10-21	Call () by Phone
10-22	Disregard
10-23	Arrived at Scene
10-24	Assignment Completed
10-25	Report To (Meet)
10-26	Estimated Time of Arrival
10-27	License/Permit Information
10-28	Ownership Information
10-29	Records Check
10-30	Danger/Caution
10-31	Pick Up
10-32	Units Needed (Specify)
10-33	Help Me Quickly (Emergency)
10-34	Time
10-35	Interdiction
10-36	Security Check
10-37	Gang Activity
10-38	Computer Down
10-39	Urgent (Use Lights and Siren)
10-40	Silent Run (No Lights)
10-41	Beginning Tour of Duty
10-42	Ending Tour of Duty
10-43	Shuttle
10-44	Permission to Leave
10-45	Animal Carcass at
10-46	Assist Motorist
10-47	Investigate Suspicious Vehicle
10-48	Disturbing the Peace
10-49	Traffic Light Out at
10-50	Accident (F, PI, PD)
10-51	Wrecker (Needed)
10-52	Ambulance (Needed)
10-53	Traffic Control
10-54	Change to Channel
10-55	Intoxicated Driver
10-56	Intoxicated Pedestrian
10-57	Hit and Run (F, PI, PD)
10-58	Airplane Crash
10-59	Reckless Driver
10-60	Out of Car on Violator at
10-61	Motor Inspection
10-62	Request Permission Car to Car
10-63	Prepare to Make a Written Copy

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10-64	Vandalism
10-65	Juvenile Problem
10-66	Major Crime Alert
10-67	Net Message
10-68	Runaway Juvenile
10-69	Missing Person
10-70	Fire Alarm
10-71	Nature of Fire
10-72	Progress Report on Fire
10-73	Rape
10-74	Civil Disturbance
10-75	Domestic Problem
10-76	Meet Complainant
10-77	Return to
10-78	Back Up
10-79	Notify Coroner
10-80	Chase in Progress
10-81	Breathalyzer Report
10-82	Prisoner in Custody
10-83	Confidential Information
10-84	Visitor(s) Present
10-85	Victim(s) Condition
	A - Fair
	B - Poor
	C - Critical
	D - Possible Fatality
	E - Obvious Fatality
10-86	Crime in Progress
10-87	Abandoned Car
10-88	Man With Gun
10-89	Bomb Threat
10-90	Bank Alarm at
10-91	Burglary
10-92	Theft
10-93	Unnecessary Use of Radio
10-94	Contact Your Home
10-95	Out at Home
10-96	Mental Subject
10-97	Test Signal
10-98	Prison Break
10-99	Wanted/Stolen Indicated

5. Phonetic Alphabet
- A - Alpha (AL FAH)
 - B - Bravo (BRAH VOH)
 - C - Charlie (CHAR LEE)
 - D - Delta (DELL TAH)

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E - Echo (ECK OH)
F - Foxtrot (FOKS TROT)
G - Golf (GOLF)
H - Hotel (HOH TELL)
I - India (IN DEE AH)
J - Juliette (JEW LEE ETT)
K - Kilo (KEY LOH)
L - Lima (LEE MAH)
M - Mike (MIKE)
N - November (NO VEM BER)
O - Oscar (OSS CAR)
P - Papa (PAH PAH)
Q - Quebec (KEH BECK)
R - Romeo (ROW ME OH)
S - Sierra (SEE AIR RAH)
T - Tango (TANG GO)
U - Uniform (YOU NEE FORM)
V - Victor (VIC TOR)
W - Whiskey (WISS KEY)
X - X-ray (ECKS RAY)
Y - Yankee (YANG KEY)
Z - Zulu (ZOO LOO)

6. Officers are responsible for proper use and care of the radios in their possession during their shift.

Utah State Hospital Security Department Policy

The Utah State Hospital Security Unit has procedures for responding to patient elopements.

Procedure

Upon being notified a patient has eloped, the security officer(s):

1. If the patient elopes from the housing unit or hospital grounds, the security officer(s) will:
 - 1.1 Obtain verifying information from the unit or the person(s) who last saw the patient.
 - 1.2 If two officers are on duty, the second officer will begin patrolling the hospital grounds pending additional information from the officer interviewing above mentioned staff.
 - 1.3 Upon receiving identifying information from unit staff or person(s) who last saw the patient, the officer will:
 - 1.3.1 Ensure that contact has been made with immediate family or guardian or others responsible for the patient. This will be done by the officer, SSRN, or on call administrator. This contact is made to provide notification and to collect any additional information that may assist in locating the patient.
 - 1.3.2. Contact individuals named on Tarasoff warning list, and make them aware of the patients absence.
 - 1.3.3. Begin to search for the patient. The search will include:
 - 1.3.3.1 the unit itself,
 - 1.3.3.2 the building,
 - 1.3.3.3 building grounds,
 - 1.3.3.4 hospital grounds,
 - 1.3.3.5 the perimeter,
 - 1.3.3.6 if more than one officer is on duty, one officer will stay on grounds and continue the search; the other officer will check bus stops, convenience stores and other areas within a mile of the USH campus.
 - 1.4 If the search outlined in 1.3.3 ends with negative results, the security officer(s) will contact Provo City Police to report the patient eloped and request an Attempt to Locate (ATL) from the dispatch.
 - 1.5. If the patient is gone for longer than 24 hours, security will contact the Provo City Police dispatch and request the individual be placed on the NCIC list. If the patient is eventually returned to the hospital, or if they have been gone so long that they are administratively discharged, the officer on duty will immediately contact dispatch and request the patient be taken off of the NCIC list.
2. If the patient elopes while off hospital property, the security officer(s) will:
 - 2.1 Ask if the security officer may assist staff in any way.
 - 2.2 Upon receiving the information about the elopement (including a description of the patient and clothes the patient was wearing)

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- contact local law enforcement.
- 2.3 If officer is on duty alone, provide whatever assistance officer can without leaving the hospital.
- 2.4 If two or more officers are on duty, one officer may assist in searching, if the area where the elopement occurred is within 15 minutes of the hospital.
- 2.5 Prior to leaving the hospital grounds, contact the Chief of Security.
- 2.6 Notify local law enforcement of security presence in the community.
- 2.7 If the patient is located, do not apprehend without local law enforcement support and back-up unless the patient is cooperative with verbal requests.
- 2.8 Once the patient is apprehended, frisk the patient for possible weapons or other contraband.
- 2.9 Assist in the investigation of the incident, if the hospital administration deems an investigation appropriate.
- 2.10 Thoroughly document officer's involvement on hospital and security forms, including beginning and ending times.

Utah State Hospital Security Department Use of Handcuffs

Purpose

To establish a uniform policy for the use of handcuffs and other restraining devices.

Procedure

Use of Handcuffs as Restraining Devices Handcuffs are generally recognized as the most dependable restraining devices. The use of handcuffs is authorized in the following cases:

1. Non Patient Personnel
 - 1.1 When a felony suspect is arrested.
 - 1.2 When a suspect threatens or implies intended violence.
 - 1.3 When a suspect is arrested for a violent misdemeanor.
 - 1.4 When a suspect threatens or implies an intent to escape custody.
 - 1.5 When the suspect is known to have a history of or reputation for violence or escape from custody.
 - 1.6 When in the arresting officer's opinion, the use of handcuffs is warranted.
2. Hospital Patients
 - 2.1 Off Unit
 - 2.1.1 When a patient threatens or implies intended violence and attempts to act upon his/her threats.
 - 2.1.2 When a patient is being returned after going AWOL.
 - 2.2 On Unit
 - 2.2.1 When assisting in escorting a patient to on-ground services, and the patient is known to have a history of or reputation for violence or escape from custody and a doctor's order is given.
3. Exceptions
 - 3.1 It is recognized that occasions may arise when, in the officer's opinion, it would be counterproductive to hand cuff a patient, even under the circumstances numbered above. When such circumstances arise, the judgement of the officer will prevail, however, the reasons for deviating from policy must be carefully documented in the Officer's Report.

General Policies

1. Double Locking
 - 1.1 When handcuffs are placed on a prisoner or patient they are to be double locked and the hands are to be placed behind the back.
2. Carrying Handcuffs
 - 2.1 While on duty all officers are to carry one set of handcuffs.
3. Transporting Prisoners Or Patients By Car

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- 3.1 When handcuffed prisoners or patients are to be transported in any department or state vehicle, it is the officers responsibility to ensure that they are properly seat belted.
 - 3.2 Due to the discomfort caused by prolonged handcuffing, transporting officers should consider using a vehicle with a cage when transporting for long distances.
 - 3.3 If a vehicle with a cage is unavailable, the officers may handcuff the prisoner or patient using a security belt and chain. Using the belt and chain the prisoner or patient can then be handcuffed securely and safely with his hands in front of him.
 - 3.4 When transporting a patient for a long distance, two officer's are to do the transporting. If a second officer is not available, a staff member from the patients unit will accompany the transporting officer. When transporting a patient without a cage, the passenger officer or unit staff member will be seated behind the officer driving with the patient in the rear seat to the right of the passenger officer or unit staff member. The patient will be handcuff as indicated above and his seat belt will be secured.
 - 3.5 When the transporting officer/s deem it necessary, leg irons may be used. Leg irons are not to be used in lieu of hand cuffs.
4. Complaints of Discomfort
 - 4.1 Whenever a prisoner or patient who has been handcuffed complains of discomfort from the handcuffs, the officer shall immediately check the handcuff and ascertain whether or not they had been placed on the prisoner or patient to tightly or improperly. If the complaint appears to be justifiable the officer shall make what ever adjustments are necessary, however, he is at no time to do so in such a way as to jeopardize his own safety.
5. General Prohibitions
 - 5.1 Suspects or patients are never to be handcuffed to an officer. Nor are they to be handcuffed to a fixed object unless the tactical situation warrants it. In such cases the circumstances must be meticulously documented in the officer's report setting forth the reason for handcuffing the suspect or patient to a fixed object.
 - 5.2 Thumb cuffs may not be carried on duty nor used by State Hospital Officer's.
 - 5.3 Plastic flexi-cuffs may be used as a restraining devise only when regular handcuffs are not available.

Utah State Hospital Security Department Policy

The Utah State Hospital Security Department has access to the use of a convex security shield to increase the safety of patients, staff, and visitors in the event that a patient has obtained a weapon and is threatening to use it against patients, staff, and/or visitors.

Procedure

1. The Convex Security Shield is only used in the event that a patient has obtained a weapon. A patient's size and stature does not qualify as a weapon. A weapon is described as, but not limited to:
 - 1.1 Pool balls and/or pool stick
 - 1.2 Knife/razors
 - 1.3 Large metal objects
 - 1.4 Baseball bats
 - 1.5 Homemade shanks or
 - 1.6 Any physical object that could otherwise significantly harm patients, staff or visitors.
2. Utah State Hospital Security Officers use the shield as follows:
 - 2.1 Unit staff notifies Security that a specific patient has obtained an object or objects that could be used as a weapon.
 - 2.2 The officer(s) reports to the unit RN that he/she is employing the shield for safety purposes.
 - 2.3 The officer(s) and staff protect themselves with the shield while they attempt to verbally intervene. The shield is then used to deflect objects that may be thrown at this point in the intervention.
 - 2.4 If verbal intervention is unsuccessful, the officer may use the shield to physically approach the patient to manage the situation.
 - 2.4.1 The shield is used as a last resort to assist in restraining a patient to prevent harm to self or others.
 - 2.4.2 The shield will only be used if the patient attempts to attack others with the weapon.
 - 2.5 The patient is then secured and placed in an environment that would protect themselves and others as per doctors and RN orders.
3. Utah State Hospital Security Officers are trained quarterly in appropriate use of the shield.
 - 3.1 Records of this training are maintained in the Security Office.
4. Utah State Hospital Security Officers complete a detailed report of each incident of usage including justifications for using the shield.
 - 4.1 This report is maintained in the Security Office.
 - 4.2 All reports are reviewed by the Chief of Security, the Director of

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Risk Management and the Clinical Safety Committee.

08/03

Utah State Hospital Security Department Policy

The Utah State Hospital may file criminal reports against patients who violate the law.

Procedure

1. At the time of the incident, the employee contacts USH security and provides an oral testimony in regard to the events.
2. The primary investigating officer completes and submits a criminal report by the end of the shift.
3. All submitted criminal reports are reviewed by the Chief of Security for error.
 - 3.1 Insufficient criminal reports are returned to the primary investigating officer for correction.
 - 3.2 Corrected reports are then re-submitted to the Chief for review.
4. The decision to pursue filing charges is made by the Chief of Security after considering:
 - 4.1 Does probable cause exist to believe that the offense was committed.
 - 4.2 Does probable cause exist to believe that the patient committed the offense.
 - 4.3 The seriousness of the crime. (i.e. injuries, severity of injuries)
5. The report is then reviewed by the Director of Risk Management.
6. The report is also reviewed by the Unit SMT for input to the Director of Security and the Director of Risk Management.
7. The Chief of Security and Director of Risk Management then make the decision whether to pursue filing charges.
 - 7.1 If there is good rationale (i.e. significant injury, patient is considered able to make rational decisions, etc.) for filing the charges, the Director of Risk Management takes the report to the Assistant Superintendent and others on Executive Staff for final approval for the hospital to file charges against the patient.
 - 7.2 The Director of Risk Management notifies the Administrative Director and the employee involved in the incident of the final decision.
 - 7.2.1 When there is not a strong rationale to have the hospital file charges against the patient (i.e. the patient is obviously very psychotic and not competent), the Director of Risk Management notifies the AD of the unit involved and the

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employee(s) involved. They are told that the hospital is not going to pursue charges but the individual employee(s) can file charges independent of the hospital if they wish to proceed. They are given assistance from Director of Legal Services and Chief of Security to help them know how to pursue charges on their own.

8. After review, all viable criminal charges are filed with the appropriate local authorities.
 - 8.1 Copies of filed reports are then sent to Risk Management, the Units Administration, and Executive Staff.
 - 8.2 When the Chief is notified by the Attorney of what action will be taking place, the unit, Risk Management, and Executive Staff are immediately contacted.

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Utah State Hospital Security Department Transporting of Youth to Detention

Policy

The Utah State Hospital Security Department may take youth patients to the Slate Canyon Detention facility when they meet the requirements listed on the "Holdable Offense List."

Procedure

1. "Holdable Offense List" is a list of criminal offenses for which a youth may be detained in a secure detention facility. See Section R547-13-14.
 - 1.1 "Youth" means a person age 10 or over and under the age of 21.
2. At the time of the incident, the employee contacts USH security and provides an oral testimony in regard to the events.
 - 2.1 The officer determines whether or not there is enough probable cause, (according to the oral statement, or the officer has witnessed the offense) that a holdable offense has occurred and would warrant a patient being transported to detention.
 - 2.2 In addition to the holdable offense list, a patient may be transported to the detention facility if they have committed 3 or more misdemeanors in one criminal episode, this would constitute a felonious act. (Ex. a patient assaults an individual, disrupts the classroom setting at school and breaks the light out in the ceiling in one episode).
 - 2.3 The USH security is responsible for transporting the patient from their residential dorm facility or from the Oak Springs Elementary or High School. The officer may request assistance from the Provo

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City Police if the case warrants their assistance.

3. The officer notifies the Chief of Security, the executive staff, or the on call executive staff if after hours and updates them on the situation and makes a determination that the patient may or may not be transported.
 - 3.1 The officer needs to call the Slate Canyon Detention facility intake prior to escorting, and notifies them that they will be transporting this patient to their facility
 - 3.2 The officer transports the patient to the facility and reports to intake where they drop the patient off.
 - 3.2.1 The officer needs to fill out a probable cause statement on the computer provided by the detention facility.
 - 3.2.2 The officer upon returning to the campus fills out a Crime Report with statements from all parties involved by the end of the shift.
4. The patient is seen by the Juvenile Court Judge within 48 hours of intake (unless patient is admitted on a weekend or holiday, then they will be seen on the next court appointed work day). The Judge determines the action to be taken for the crime committed.
 - 4.1 The crime reports are completed by the officer and handed into the chief (with all grammatical errors and content corrected). The chief then takes the report to the juvenile court within 10 calendar days.
5. Any of the following would constitute a holdable offense:
 - (1) Absent Without Official Leave, Federal
 - (2) Aggravated Arson
 - (3) Aggravated Assault
 - (4) Aggravated Burglary (Armed with Weapon)
 - (5) Aggravated Burglary (Weapon/Injury)
 - (6) Aggravated Kidnapping
 - (7) Aggravated Murder
 - (8) Aggravated Robbery, First Degree Felony
 - (9) Aggravated Sexual Abuse, Victim Under 14
 - (10) Aggravated Sexual Assault
 - (11) Aiding in an Escape, Use of Deadly Weapon
 - (12) Arson, \$1,000 to \$5,000
 - (13) Arson, Value Exceeds \$5,000
 - (14) Assault by a Prisoner
 - (15) Assault on a Police Officer
 - (16) Attempted Capital Felony
 - (17) Attempted First Degree Felony, Person
 - (18) Attempted Second Degree Felony, Person
 - (19) Attempted Third Degree Felony, Person
 - (20) Automobile Homicide in Criminally Negligent Manner
 - (21) Automobile Homicide in Negligent Manner

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- (22) Bombing, Person Injured
- (23) Burglary, Dwelling, Second Degree Felony
- (24) Burglary Non-Dwelling, Third Degree Felony
- (25) Burglary, Research Facility, Second Degree Felony
- (26) Car Theft, Second Degree Felony
- (27) Carrying a Concealed Weapon
- (28) Carrying a Loaded Weapon in a Vehicle or on a Street
- (29) Catastrophe, Knowingly Causing, Injury to Person
- (30) Conspiracy to Commit Capital Felony
- (31) Conspiracy to Commit First Degree Felony
- (32) Conspiracy to Commit Second Degree Felony
- (33) Conspiracy to Commit Third Degree Felony
- (34) Criminal Solicitation of Capital Felony
- (35) Criminal Solicitation of First Degree Felony, Person
- (36) Criminal Solicitation of Second Degree Felony, Person
- (37) Criminal Solicitation of Third Degree Felony, Person
- (38) Destruction of Property (\$1,000 or More) / Criminal Mischief
- (39) Destruction of Property (Life Endangering) / Criminal Mischief
- (40) Distribute a Controlled / Counterfeit Substance (Class A)
- (41) Distribute a Controlled / Counterfeit Substance (Felony First)
- (42) Distribute a Controlled / Counterfeit Substance (Felony Second)
- (43) Distribute a Controlled / Counterfeit Substance (Felony Third)
- (44) Distribute Marijuana (No Prior Convictions)
- (45) Distribute Marijuana (Second Conviction or First Conviction/Drug Free Zone)
- (46) Distribute Marijuana, Drug Free Zone
- (47) Distribution of Controlled / Counterfeit Substance (First Degree Against Public)
- (48) Distribution of Controlled / Counterfeit Substance (Second Degree Against Public)
- (49) Distribution of Controlled / Counterfeit Substance (Third Degree Against Public)
- (50) Domestic Violence
- (51) Effect Distribution of Marijuana in Drug Free Zone
- (52) Effect Distribution of Marijuana (Second Conviction or First Conviction/Drug Free Zone)
- (53) Effect Distribution of Marijuana (No Prior Convictions)
- (54) Escape from Custody, Use of Force or Deadly Weapon